



PEDIATRIC VACCINE STOCKPILES

WHAT IS THE PUBLIC HEALTH ISSUE?

An unprecedented and unanticipated shortage of routinely-recommended vaccines occurred in the United States beginning in 2001; this shortage included vaccines administered against 8 of the 11 vaccine-preventable childhood infectious diseases. This situation led the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians to recommend deferral of certain immunizations and to set priorities for high-risk patients until vaccine supplies returned to normal. These deferrals posed an increased risk of otherwise preventable infectious diseases.

Vaccine stockpiles, first developed by CDC in 1983, can be used to interrupt disease outbreak situations and ameliorate short-lived production problems, which are likely to occur from time to time. The pediatric vaccine stockpiles use dynamic inventory systems in which vaccine stock is rotated, as older vaccines are rotated into the market for use, fresh doses of vaccines enter the stockpiles. Stockpiles do not currently exist for all recommended childhood vaccines. CDC needs to ensure that a 6-month national supply of all recommended childhood vaccines is available for use in case of supply disruptions or outbreaks of vaccine-preventable diseases. In light of recent vaccine shortages and increased concerns about an influenza pandemic or bioterrorism event, expansion of CDC's stockpiles has become a pressing public health need. Due to supply constraints, as of December 2003, there has been no stockpile purchase of diphtheria, tetanus, and acellular pertussis (DTaP) vaccine.

WHAT HAS CDC ACCOMPLISHED?

The Department of Health and Human Services' Office of General Counsel has reviewed the legal authority of the *Omnibus Reconciliation Act* (OBRA) of 1993 legislation and confirmed the Secretary's authority under current law to build Vaccines for Children (VFC) program stockpiles equal to the amount needed for the U.S. pediatric population for 6 months of routinely recommended vaccines. In 2003, CDC began purchasing vaccine for expanded national pediatric stockpiles with the \$172 million of VFC funds apportioned for the stockpile. CDC has purchased 6-month stockpiles of measles, mumps, rubella (MMR), varicella, and inactivated polio (IPV) vaccines. Completion of delivery of all varicella and IPV doses is expected in 2004. CDC has also purchased partial stockpiles of hepatitis B, hepatitis A, pneumococcal conjugate (PCV) and *Haemophilus influenzae* type b (Hib) vaccines. CDC plans to continue purchasing those vaccines and others, like DTaP, for the stockpiles in 2004.

With input from key stakeholders, CDC has completed its strategic plan for the management of the pediatric vaccine stockpiles. This plan addresses the Government Accounting Office's (GAO) recommendations about the number of doses needed nationally, vaccine form (e.g., bulk, filled, labeled, packaged), storage location, and maintenance.

WHAT ARE THE NEXT STEPS?

Legislation improving the VFC program has been proposed and includes a provision to simplify the administration of the stockpiles with respect to stockpile sales. The new legislation will allow stockpile funds to be used to purchase 6-month national stockpiles of DTaP, Hib, hepatitis A, hepatitis B, influenza, IPV, MMR, PCV, and varicella vaccines. The combination vaccine *Pediarix*, containing DTaP, IPV, and hepatitis B, will also be eligible with these funds.

For additional information on this or other CDC programs, visit www.cdc.gov/program

January 2004